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OO10/PTO Rev. 12/95	US Department of Commerce Patent and Trademark Office	Attorney Docket Number ARC 2400 CIP1	
DECLARATION		First Named Inventor SOUTHAM, Mary	
		COMPLETE IF KNOWN:	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	
Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing			

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY OF FENTANYL AND SUFENTANIL

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/05/95 as United States Application Number or PCT International

Application Number US96/07380 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

US Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/460,785	PCT/US96/07380	05/22/96	

☐ Additional US or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name: ALZA Corporation

Payor
Number: 01-1173
(if applicable)

Name	Registration Number	Name	Registration Number
Steven F. Stone	20,246	D. Byron Miller	30,661
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Michael J. Rafa	38,740	Christopher P. Rogers	36,334
		Pauline Ann Clarke	29,783

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

Mary Southam

☐ A petition has been filed for this unsigned inventor.

Given

Name: Mary

Middle

Initial:

Family

Name: Southam

Suffix:

Inventor's

Signature:

Mary Southam

Date: 12/3/97

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Applicant

Authority: U.S.

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any: Keith J. Bernstein		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name: Keith	Middle Initial: J.	Family Name: Bernstein	Suffix:	
Inventor's Signature: <i>Keith J. Bernstein</i>		Date: Nov 18, 1997		
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Name of Additional Joint Inventor, if any: Henk Noorduyn		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
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Inventor's Signature: <i>Henk Noorduyn</i>		Date: Nov. 3, 1997		
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Inventor's Signature:		Date:		
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City:	State:	Country:	Citizenship:	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name:	Middle Initial:	Family Name:	Suffix:	
Inventor's Signature:		Date:		
RESIDENCE				
City:	State:	Country:	Citizenship:	
POST OFFICE ADDRESS				
City:	State:	Zip:	Country:	Applicant Authority:
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.				